



Alaska Department of Environmental Conservation

Revised Total Coliform Rule- Quarterly Monitoring Application

Non-Community (NTNC and TNC) systems, using a **groundwater** source and **servicing less than 1,000 persons** may be able to reduce monitoring to a quarterly schedule if certain provisions are met (outlined below):

- Have an approved sample siting plan
- Clean compliance history for a minimum of 12 months
- Within the past 12 months had a Sanitary Survey or voluntary Level 2 Assessment with no defects*
- Have a protected groundwater source

** If defects or deficiencies were identified and have been corrected, public water system (PWS) may still be eligible for reduced monitoring*

I. Form Instructions

- Fill out the form completely by answering all of the questions in each section (do not skip questions or leave items blank).
- Must include an updated Sample Siting Plan as noted in Section A.
- Must include documentation noted in Section C to meet the protected groundwater source requirement.

II. General Information

PWS Name:		PWSID #:	
PWS Address:			
Contact Name:		Phone #:	
E-mail:		Fax #:	
Water System Type:	Non- Transient Non-Community	Transient Non-Community	
Population Served (# of):	_____ Residents	_____ Non-Transient	_____ Transient _____ Total Pop
Number of Service Connections: _____			
Source Types:	Ground Water	Purchased Ground Water	
Dates of Operation: _____ to _____			

A. RTCR Sample Siting Plan

An updated sample siting plan reflecting the quarterly sampling schedule must be submitted with this application for review and approval. Sample Siting Plan templates are available on the Drinking Water Program website at: <http://dec.alaska.gov/eh/dw/RTCR.htm>.

Have you included an updated sample siting plan with this application? Yes No

B. Compliance History

Within the past 12 months has your system triggered a Level 1 Assessment? Yes No

Within the past 12 months has your system received any RTCR violations? Yes No

If YES, please include information (i.e., the type of violation and the date the violation was received) on the violation(s) in the space provided below:

NOTE: If you do not know your compliance history, please contact your local Environmental Program Specialist who will provide you a detailed compliance history for the past 12 months or access the data through the Drinking Water Watch website at: <http://dec.alaska.gov/DWW/>.

C. Protected Groundwater Source

Is your source vulnerable to fecal contamination? Yes No

Does the source meet the source water and well protection requirements outlined in 18 AAC 80.015? Yes No

Does the source meet the minimum separation distance requirements outlined in 18 AAC 80.020 or have an approved separation distance waiver (Site schematic with distances and any applicable waiver approval letters must be provided)? Yes No

Does your system meet at least one of the following items below? (Please mark all that apply) Yes No

The groundwater source meets the engineering plan review and approval requirements of 18 AAC 80.200-235 as applicable (Applicable approval to operate letter(s) must be provided).

The groundwater source is in a confined aquifer (A well log or other verifying documentation must be provided).

The system maintains applicable source water protection strategies as determined by the department. (Click **HERE** to view the RTCR Protected Water Source Checklist. If utilizing this option, the checklist **MUST** be provided with this application).

D. Site Visit

Within the last 12 months has your system conducted one of the following? NOTE: The DW Program provides a contact list of approved 3rd party Sanitary Survey Inspectors. Click **HERE** to view this information.

- Sanitary Survey Yes No Date of Visit: _____
- Voluntary Level 2 Assessment Yes No Date of Visit: _____

NOTE: If you answered No to the question above your PWS will not be eligible for reduced monitoring until a site visit has been conducted.

Did you attach a copy of the site visit follow up letter (describing the results of the site visit)? Yes No

Were any sanitary defects or deficiencies identified from the site visit? Yes No

If sanitary defects or deficiencies were found during the site visit, were they corrected? Yes No N/A

List the date when all of the sanitary defects or deficiencies were corrected: _____

Please send this form along with appropriate attachments to your DEC Drinking Water Program Office.

Anchorage DEC Office

555 Cordova Street
Anchorage, AK 99501
Phone: 269-7656
Fax: 269-7650

DEC.DWData.anchorage@alaska.gov

Fairbanks DEC Office

610 University Ave.
Fairbanks, AK 99709
Phone: 451-2108
Fax: 451-2188

DEC.DWData.fairbanks@alaska.gov

Soldotna DEC Office

43335 K-Beach Road
Suite 11
Soldotna, AK 99669
Phone: 262-5210
Fax: 262-2294

DEC.DWData.kenai@alaska.gov

DEC.DWData.juneau@alaska.gov

Wasilla DEC Office

1700 E. Bogard Road
Building B, Suite 103
Wasilla, AK 99654
Phone: 376-1850
Fax: 376-2382

DEC.DWData.wasilla@alaska.gov

DEC Area Office: _____ Date Received: _____ / _____ / _____

Return to Reduced Monitoring Application deemed complete and satisfactory? Yes No

Comments:

State Reviewer Signature: _____ Date: _____ / _____ / _____